



Healthy Food Small Retailer Program

Application (Step 1 – inclusion criteria for grant applicants)

Applications received by the priority deadline of **January 31, 2018**, will be considered first. Applications will continue to be accepted through **March 2018** subject to availability of funds. Submitting this application does NOT mean you to have to be in the program. If you meet minimum qualifications, we will contact you with more details for next steps. Visit our website for more information www.ncagr.gov/HealthyRetailer or call 919-707-3173

Submit applications via FAX (919) 733-0999 or via mail:

NCDA&CS Markets Division - Healthy Food Small Retailer Program, Attn: Ron Fish

Mailing Address: 1020 Mail Service Center, Raleigh NC 27699-1020

Physical Address: 2 W. Edenton Street, Raleigh NC 27601

Store name: _____

Store owner name: _____

Address of store: *(must be in a food desert, <http://www.ers.usda.gov/data-products/food-access-research-atlas/>)*

Store manager/decision maker, if different from owner: _____

Phone number: _____ Email address: _____

Do you prefer to be contacted by phone or email?

Is your store a for-profit entity? *(required to qualify)*

☐ yes ☐ no

Has your store previously received grants funds from this program? *(previous recipients do not qualify)*

☐ yes ☐ no

What type of business is your small retail outlet?

- ☐ Corner Store
- ☐ Convenience Store
- ☐ Cooperative
- ☐ Bodega

What is the heated square footage of your store? *(max 3,000 sq ft)* _____

After receiving an offer to participate, are you able and willing to provide dollar amount of customer food sales or your purchase receipts for stocking healthy foods? *(required to participate)*

☐ yes ☐ no

Does your store accept WIC? ☐ yes ☐ no

Does your store accept SNAP? ☐ yes ☐ no

If you do not accept either SNAP or WIC, are you willing to apply to be a WIC/SNAP vendor? *(required)*

☐ yes ☐ no